in term of *B.hominis* prevalence ($P > 0.05$), we can express this hypothesis that support the idea which *B. hominis* is not a GI symptom ethological agent in contrast to other studies Iran. Thus, to confirm the complication is needed to additional study especially on molecular pathogenesis of this organism.

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58.027

A Portuguese couple with eosinophilia: From the diagnosis to the treatment

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Background: Zoonotic diseases are hard to control and eliminating as they require coordination among veterinary, livestock and human health departments and frequently are neglected diseases.

Methods: We describe the work up of a young couple presenting with vague abdominal complains and marked eosinophilia.

Results: A 35 years-old man, and his wife, 25 years-old, both previously healthy, without international travel, living in a small town in the north of Portugal, presented to their medical doctor in October 08 complaining from right upper quadrant pain, asthenia, nausea, cutaneous pruritus and urticaria; they had lost 4 pounds of weigh in 3 months. One month before becoming ill they ingested uncooked watercress from local production; vomiting and diarrhoea occurred for a few days after the ingestion. Physical examination was unremarkable. Liver and renal function tests were normal except for GGT that was two times elevated; eosinophilia was revealed. In both 3 stool samples were negative for parasites; abdominal ultrasonography and pulmonary XR were normal. Serology titer for *Fasciola hepatica* (hemaglutination test) was high positive. Praziquantel was prescribed (while waiting for triclabendazol (TCB) importation) with a short course of steroids. Two months after no clinical or analytical improvement occurred. Praziquantel was repeated without sucesss; in both stool samples remains negative and abdominal ultrasonography normal. Magnetic resonance imaging (MRI) revealed multiple ill-defined subcapsular clustered areas of low attenuation, more sharply delineated after contrast administration (later images), more pronounced in female patient. Two months after triclabendazol prescription (no elicited side effects) they gain weight and feel well; eosinophilia was absent and serology titer dropped in the male patient but not in the female. They are still on observation.

	WBC cmm / Eosinophilis (%)		Fasciola Serology (Cut-off: 1/320)		
Date	Male	Female	Male	Female	Treatment
February	16640 / 43	17220 / 58	1/640	1/5000	PZQ (March)
May	15000 / 32	12240 / 44	1/2560	1/5120	PZQ (May)
July	13280 / 32	10820 / 42	1/1280	1/1280	TCB (July)
October	10580 / 9	6860 / 10	1/520	1/2560	–

Conclusion: The diagnosis of acute/prolonged acute fascioliasis is high probable in both patients. The value of MRI in the diagnosis/evolution is still questionable. The access before the chronic stage is needed. The control of livestock disease is urgent.

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58.028

Role of serology, neuroimaging and stool examination in diagnosis of neurocysticercosis

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Background: Neurocysticercosis(NCC) is a worldwide problem. It is the most common parasitic neurologic disease and the single most common cause of acquired epileptic seizures in the developing world. Many cases remain undiagnosed due to lack and expertise and lab facilities. and it remains a public health burden because of inability to identify and treat the intestinal carrier of the parasite. Currently it is diagnosed by detection of specific antibodies or by imaging techniques. The study is done to evaluate diagnostic significance of serology (ELISA) and neuroimaging technique in NCC and to determine the intestinal carrier of the parasite.

Methods: The tests (Neuroimaging, ELISA and stool routine and microscopy) was applied to neurocysticercosis patients, as well as to healthy controls and individuals with other parasitic infections. A total of 100 serum samples were obtained from patients meeting clinical, imaging and epidemiological criteria for neurocysticercosis. Samples were processed by enzyme-linked immune-sorbent assay. Controls included 50 serum samples from matched hospitalized controls with a diagnosis unrelated to Neurocysticercosis. Similarly, 50 serum samples from patients with parasitic infections different from cysticercosis.

Results: A total of 200 samples were analyzed. In samples from neurocysticercosis patients and healthy control individuals, the ELISA test showed an overall sensitivity of 80.7% (CI 95%) and a specificity of 85.4% (CI 95%). Out of 50 samples from patients with parasitic infections different from taeniasis, 8% were positive in ELISA. Abnormal neuroimaging is seen in 100% of the cases whereas confirmation of diagnosis by neuroimaging alone could be made only in 40% of the cases based on diagnostic criteria. Stool microscopic examination showing eggs of Taenia solium is seen in 18% of the cases.

Conclusion: The study indicated that Combined serology and neuroimaging should be done to confirm the diagnosis. Serology can be used as screening test for the diagnosis of cysticercosis. And all the patient should be treated for the intestinal carrier of the parasite as well.

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